VERMONT
DEPARTMENT OF HEALTH
Agency of Human Services

Mental Health Update

March 25, 2005

Deputy Search

An advisory committee of consumers and professionals will be formed to assist in the selection of the next deputy commissioner of health for mental health services. The search effort will begin immediately, with advertisements distributed to Vermont newspapers, Vermont mental health professionals, the National Association of State Mental Health Program Directors, the American Public Health Association, and others.

Including preliminary interviews and group interviews with senior department personnel, division staff, invited audiences, and legislative chairs, the selection process is expected to take several months.

The following ad is scheduled to run this week in Vermont newspapers:

"The Department of Health seeks an experienced Mental Health administrator to provide executive level leadership for its Mental Health Division. This challenging position offers the opportunity to lead a nationally recognized, community-based delivery system. The Deputy for Mental Health Services will work with an experienced executive team in the development and implementation of an integrated mental health, substance abuse and public health system. Management of a $105 million budget, oversight of a statewide inpatient and outpatient delivery system, and extensive collaboration with human service policy executives, educators, community mental health professionals and advocacy groups are critical components of this position.

"If you have had progressively responsible experience in the management and administration of a comprehensive, community-based mental health system as well as a graduate degree in medicine, psychology, social work, nursing, pubic administration or a closely related field, and are ready for an exciting challenge, submit resume and cover letter to Maureen Barnes, Personnel Administrator, Vermont Department of Health, P.O. Box 70, Burlington, VT 5402-0070"

VSH Position Realignment

The departments of Health and of Building and General Services have agreed to transfer six state hospital housekeeping positions from VDH to BGS, following requested legislative approval. This transfer should have no functional consequences, but is intended to provide increased job security for the state employees involved. Other measures are being investigated to address hospital staff recruitment and retention needs.

Draft Details of Facilities Called for in Feb 4 Recommendations

The AHS Secretary's February 4 Recommendations called for several new or expanded programs. Here is the latest draft language from the department's internal working group, providing details about exactly what is being proposed. This language is subject to change pending clinical review and stakeholder feedback. Comment is invited and may be directed to Beth Tanzman, Director of Adult Community Mental Health Programs, at *btanzman@vdh.state.vt.us.*

Psychiatric Sub Acute Rehabilitation Program (16-bed capacity)

- ***Target Population:*** This program capacity would be for individuals requiring longer-term rehabilitation services to restore their capacity to function in the community. These individuals have serious and persistent mental illnesses that have proven refractory to treatment, have high rates of recidivism and have histories of lengthy hospitalization. The clients targeted for this program also often have complex co-morbid conditions including: chronic health problems, brain injuries, developmental disabilities such as autism, substance use or abuse problems, and significant histories of trauma, abuse and neglect. Currently, all the individuals targeted to this program are involuntarily committed to VSH or are on orders of non-hospitalization. It is our belief that a more decentralized, community-based, and recovery oriented rehabilitation approach may mitigate the need for involuntary treatment and thus support our goal of increasing voluntary treatment in our system. However, many of the individuals served in the program may, at least initially, be on orders non-hospitalization.

- ***Clinical Programming:*** The services envisioned here are intensive, multi-disciplinary rehabilitation services with an emphasis on restoration of the skills needed for community living. The length of stay may be months or longer, and motivational enhancement and recovery-oriented services are emphasized. The program(s) would offer best practices related to medical care, recovery, cognitive rehabilitation, occupational therapy leading to supported employment, treatment for substance abuse, peer support through blended peer staffing, and intensive treatment for issues related to trauma.

- ***Physical Design and Location:*** The needed 16-bed capacity would optimally be provided in two or more decentralized program sites. The physical design of these units and intersection with the general community in which they are located are considered integral to enhancing capacity and self-determination. Apartment settings with shared common areas, modular units organized into a small community within a community, or other therapeutic community residences might be considered options.

- ***Other Considerations:*** These program(s) would serve as statewide rather than catchment area resources and would be expected to operate in collaboration with inpatient treatment and ongoing community care. These program(s) would join a network of participating care partners (inpatient, crisis diversion, ongoing community treatment) in which common clinical protocols and criteria for admission and discharge would be adhered to. Furthermore, these program(s) would be expected to manage their census by collaboratively arranging for

ongoing care of residents ready for discharge so that clinically eligible new admissions could be accommodated.

Secure Residential Treatment (6-bed capacity)

- ***Target Population:*** This program is for individuals who are psychiatrically stable and not clinically in need of hospital or sub-acute level care. They are committed to the care and custody of the Health Commissioner, and have committed or are alleged to have committed dangerous acts in the community. These individuals require long-term treatment for their mental illness, assistance to safely re-enter the community, and supervision to insure adherence to treatment. Residents of this facility would be on orders of non-hospitalization and would need to voluntarily consent to participate in the program.

- ***Clinical Programming:*** The program approach would offer ongoing mental health treatment and intensive levels of supervision in a secure setting. The mental health treatment component would be individually determined, but would usually include the provision and monitoring of psychiatric medications, individual counseling to assist with adjustment to the residential setting and transition from the hospital, and rehabilitation services. The rehabilitation services would focus on productive community living, including work. In addition, treatment for substance abuse, cognitive and/or behavioral interventions and social skills training would be available as needed. The core, unique aspect of the mental health treatment in this program would be the capacity to monitor each resident's engagement in and cooperation with treatment, to recognize if the resident is disengaging from treatment, and to respond robustly to re-engage in treatment or to rapidly return to an inpatient level of care.

- The program must provide supervision on a 24-hours-a-day, seven-days-a-week basis by qualified mental health staff. Protocols with public safety officials need to be developed to insure a rapid, law enforcement response to any resident who is on an unauthorized absence from the residence or work site. Initially residents would be supervised at all times, but over time, it is expected that individuals would "graduate" to reduced levels of supervision and increased levels of community privileges based on a developing track record of safe and responsible behavior. The program would use existing community resources to assist with vocational and support services.

- ***Physical Design and Location:*** This program capacity of six beds could be achieved through a single group residence, two or more small group residences, or individual "wrap-around" plans. The program(s) would require security features to insure that residents are supervised. The security could be achieved through staffing patterns and/or the use of surveillance technology and buzzer systems that indicate entry or exit from the residence(s).

Based on input from legal and program staff, and discussion with the Council of Developmental and Mental Health Services, Secretary Mike Smith and Commissioner Jarris have made the decision to work within the state's network of designated community agencies to expand or develop new services to meet mental health system needs within their geographic areas.

Although the decision was made not to go forward with the RFP process, a February 2005 draft RFP for psychiatric sub acute rehabilitation programs and/or secure residential treatment programs was provided to the council to serve as a platform for future discussion. Paul Blake and Beth Tanzman attended the Council retreat on Thursday to discuss this issue in more detail and answer questions.

Suicide Prevention Plan

A state suicide prevention plan is being drafted by Vermonters for Suicide Prevention, a broad coalition of educators, public and mental health professionals, youth advocates and other interested parties. An early draft was circulated for comments, with a deadline of March 23. Feedback now will be considered and a revised draft prepared for a May 11 meeting, 1-3 p.m. at the Health Department in Burlington. Contacts are Charlie Biss (*cbiss@vdh.state.vt.us*) and Tracy M. Phillips *(tphilli@vdh.state.vt.us)*.

Fletcher Allen Health Care

Commissioner Jarris and mental health staff will meet again next week with FAHC officials to work out details of a new contract for clinical professional services at Vermont State Hospital. A meeting also is planned with Dartmouth Hitchcock officials to discuss a limited arrangement that would allow the hospital to benefit from DH's clinical expertise. Jarris hopes to have contracts with each in place as soon as possible.

Grant Opportunities

Deputy Commissioner Barbara Cimaglio *(bcimagl@vdh.state.vt.us*) is leading Vermont's effort to respond to a major grant opportunity offered by the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health Transformation State Incentive Grant Program.

This program arises out of the recommendations of the President's New Freedom Commission on Mental Health. Awards of $1.5 million to $3 million per year will be available on a highly competitive basis for periods of up to five years.

The money will support new and expanded planning and development to promote transformation of existing mental health systems to new systems explicitly designed to foster recovery and meet the multiple needs of consumers.

The department also is pursuing grant possibilities related to juveniles. SAMHSA's Center for Mental Health Services has announced a cooperative agreement request for applications to develop integrated home and community-based service and supports for children and youth with severe emotional disturbances and their families by encouraging the development and expansion of effective and enduring systems of care. These are six-year grants of up to $8 million to develop effective services. The match requirement for these grants goes from 1-to-3 in year one to 2-to-1 in years five and six.

The departments of Health and of Children and Families are working together to discuss the feasibility of completing an application focused on system of care development for youth transitioning to adulthood. We are currently recruiting persons from Corrections, the Federation of Families for Children's Mental Health, the Division of Alcohol and Drug Abuse Programs, Vocational Rehabilitation and Medicaid, as well as youth representatives, to be on a core team to develop the grant by May 17, 2005. Contact person is Charlie Biss (*cbiss@vdh.state.vt.us*).

Hospital Census